

THE STATE OF NEW HAMPSHIRE DEPARTMENT OF TRANSPORTATION



CHRISTOPHER D. CLEMENT, SR. COMMISSIONER

JEFF BRILLHART, P.E. ASSISTANT COMMISSIONER

Bureau of Construction August 16, 2013

Her Excellency, Governor Margaret Wood Hassan and the Honorable Council State House Concord, New Hampshire 03301

REQUESTED ACTION

1. Authorize the Department of Transportation to enter into a contract with Stephens Marquis Associates, Inc. (Vendor 157584) of Merrimack, NH on the basis of a low bid of \$561,100.00 for new fueling facility and removing the existing fueling facility at the Strafford Shed and Northwood Shed, from the date of Governor and Council approval through November 22, 2013 unless extended by the Department in accordance with the Standard Specifications. 100% Capital Budget Funds.

Funding is available as follows:

FY 2014

04-96-96-960030-8695

11-253:III-A Underground Tanks

034-500151 Bonded Expenses

\$355,000.00

04-96-96-960030-7986

13-195:2-II:A Underground Fuel Tanks

034-500151 Bonded Expenses

\$206,100.00

2. Further authorize that a contingency in the amount of \$56,110.00 be approved for payment of latent conditions, which may appear during the construction of the project. The contingency requested is 10% of the contract amount.

Funding is available as follows:

FY 2014

04-96-96-960030-7986

13-195:2-II:A Underground Fuel Tanks

034-500151 Bonded Expenses

\$56,110.00

EXPLANATION

This project consists of constructing a new vehicle fueling facility and removing the existing fueling facility at the Strafford Shed (PS602) and Northwood Shed (PS604). The work at each facility includes the installation of an underground storage tank (UST), a dispenser fueling pad with pre-manufactured pump enclosure, and all other associated fueling system equipment and appurtenances. The project also includes the removal of the existing UST's, dispenser, associated fueling pad, dispenser shed and all associated fueling system equipment. The Department of Transportation is required to comply with all DES rules relative to the testing and removal of all UST's. All single walled tanks are required to be removed by 2015.

Page 2

The contingency amount is proposed to be 10% of the contract amount. These are sites with high groundwater and are being constructed during a time of rising fuel prices. The work includes replacement of substandard underground fuel storage tanks and typically has higher risks of cost overruns due to the potential for contaminated soils and groundwater to remediate. Until the existing tank is removed and soil and water testing completed, the true extent of the dewatering and remediation efforts is only an estimate.

Although the bid costs exceeded the Department's estimate, the low bid is felt to be reasonable for the work involved. The higher prices are attributed to the fact that public and private facilities need to comply with new DES regulations as of December 15, 2015 and there is growing demand for this type of work. Readvertising this project would result, in our opinion, in higher prices and prevent the completion of the work in a timely manner. The Department considers it to be in the best interest of the State to accept this bid to accomplish these needed repairs.

The Contractor has been prequalified by this Department. The Contract has been approved by the Attorney General as to form and execution, and the Department has certified that the necessary funds are available. Copies of the fully executed contract are on file at the Secretary of State's Office and the Department of Administrative Service's Office, and subsequent to Governor and Council approval will be on file at the Department of Transportation.

A copy of the Tabulation of Bids received for this project is attached along with the Contract Supplemental Sheet and a map indicating the location of the project.

Sincerely,

Christopher D. Clement, Sr.

Commissioner

CDC/md

Department Estimate: \$491,184.00 Contract Amount: \$561,100.00 Over Estimate: \$69,916.00

Attachments

SUPPLEMENTAL PROJECT INFORMATION SHEET

DESCRIPTION: This project consists of constructing a new vehicle fueling facility and removing the existing fueling facility at the Strafford Shed (PS602) and Northwood Shed (PS604). The scope of work at each facility will include the installation of one (1) underground storage tank (UST), a one (1) dispenser fueling pad with pre-manufactured pump enclosure, and all other associated fueling system equipment and appurtenances. The project will also include the removal of one (1) existing UST, one (1) existing dispenser and associated fueling pad, the dispenser shed and all associated fueling system equipment and appurtenances related to the existing fueling system at each location.

FEDERAL FUNDING: Non - Federal

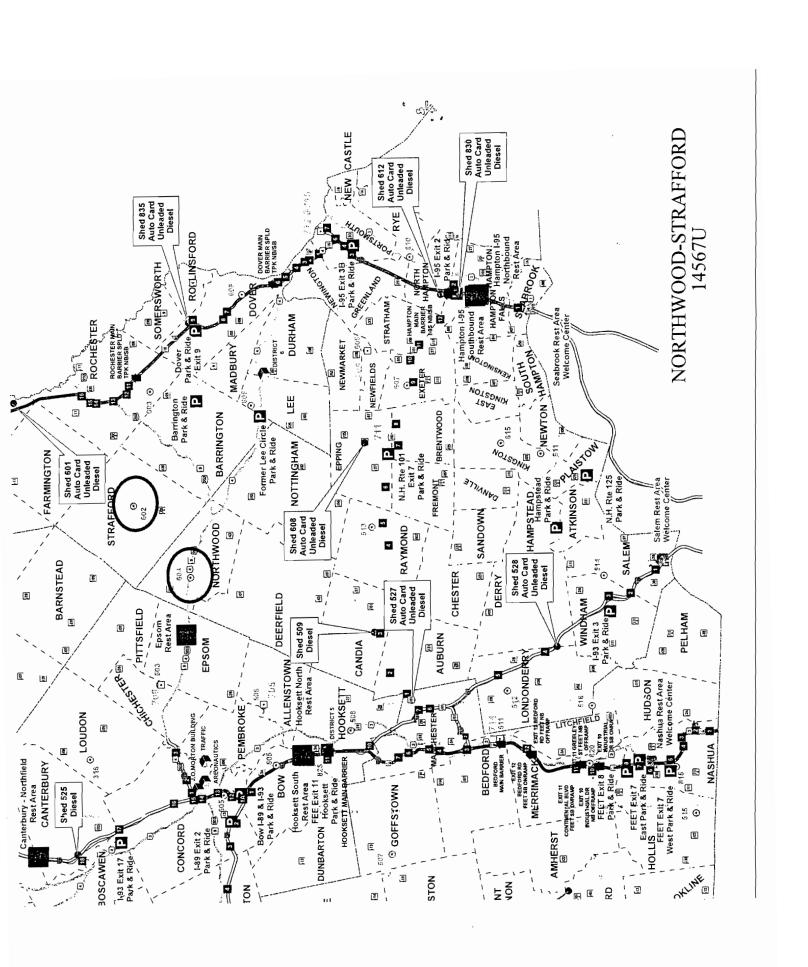
CONTINGENCY: The Contingency amount is proposed to be 10% of the contract amount. These are sites with high groundwater and are being constructed during a time of rising fuel prices. The work includes replacement of substandard underground fuel storage tanks and typically has higher risks of cost overruns due to the potential for contaminated soils and groundwater to remediate. Until the existing tank is removed and soil and water testing completed, the true extent of the dewatering and remediation efforts is only an estimate.

PROJECT INITIATED: To meet Department of Environmental Services (DES) requirements for the replacement of single walled Underground Storage Tanks (UST).

PROJECT EXPLAINATION: The Department of Transportation is required to comply with all DES rules relative to the testing and removal of all UST's. All single walled tanks are required to be removed by 2015.

TRAFFIC IMPLICATIONS: All the required work will be done within the limits of the Patrol Shed yards.

COMPLETION DATE: November 22, 2013



BIDDER SUMMARY

PROJECT NAME: Northwood-Strafford 14567U

PROJECT NUMBER: 14567U

COUNTY: ROCKINGHAM COUNTY 015 AND STRAFFORD 017 BID OPENING DATE: 08/01/2013

SCOPE OF WORK: CONSTRUCT NEW FUEL FACILITY
LOCATION: STRAFFORD SHED AND THE NORTHWOOD SHED

COMPLETION DATE: 11/22/2013

BID RESULTS

ITEM						PS&E			S) 	SELECTED BID (A)					<u>.</u>	
NO.	DESCRIPTION	UNIT	QUANTITY		UNIT PRICE		TOTAL	N	UNIT PRICE		TOTAL	€) - PS&E	S	UNIT PRICE		TOTAL
	COMMON																
	EXCAVATION	č				•	0	•		•	000	•	000	•	Ċ		0
206.19	EXPLORATORY	S	100.00	-	5.00	•	200.00	•	16.00	→	00.009,1	A	1,100.00	^	2.00	₽	200.00
206.2	ROCK SIRUCIURE EXCAVATION	C	250.00	₩	5.00	↔	1,250.00	₩.	16.00	₩	4,000.00	↔	2,750.00	₩	10.00	₩	2,500.00
214	FINE GRADING	Э	1.00	-	1,500.00	4	1,500.00	``	2,200.00	₩.	2,200.00	₩.	700.00	₩.	3,000.00	₩.	3,000.00
304.301	CRUSHED GRAVEL	CY	520.00	↔	35.00	₩.	18,200.00	\$	25.00	₩.	13,000.00	\$	(5,200.00)	₩.	25.00	₩.	13,000.00
	HOT BITUMINOUS																
	LI, HAND																
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	SAWED BITUMINOUS																
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	UST SYSTEM																
	INSTALLATION -																
670.111	STRAFFORD PS 602	Π	1.00		\$ 175,817.00	\$	175,817.00	\$ 23(230,000.00	\$ 2	230,000.00	\$ 2	54,183.00	\$ 20	205,825.00	₩.	205,825.00
	UST SYSTEM																
	INSTALLATION -																
	NORTHWOOD PS																
670.112	604	Π	1.00	-	\$ 175,817.00	\$	\$ 175,817.00	\$ 20	\$ 203,000.00	\$ 2	\$ 203,000.00	\$	\$ 27,183.00	\$ 2	\$ 256,525.00	-	\$ 256,525.00
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	NORTHWOOD PS																
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	CONCRETE TANK			+-						-						_	
	ANCHOR PAD																
	REMOVAL -																
670.141	STRAFFORD PS 602	Π	1.00	↔	500.00	₩	200.00	₩.	300.00	₩.	300.00	↔	(200.00)	↔	500.00	₩	200.00
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Š	DESCRIPTION	INI	QUANTITY	UNIT	PR		TOTAL	5	UNIT PRICE		TOTAL	(A) - PS&E	S&E	S	UNIT PRICE	<u>, </u>	TOTAL
670.161	OBTAIN TEMPORARY GROUND- WATER DISCHARGE PERMIT- STRAFFORD PS 602	Π	1.00	₩	1,500.00	↔	1,500.00	↔	200.00	₩	200.00	\$ (1,300.00)		₩	1,500.00	₩	1,500.00
	OBTAIN TEMPORARY GROUND- WATER DISCHARGE PERMIT - NORTHWOOD PS	:										:		,		•	
670.162	604	ח	1.00	\$	1,500.00	∨	1,500.00	∽	200.00	↔	200.00	\$ (1,300.00)	00.00	∽	1,500.00	₩	1,500.00
670.171	FILE NOTICE OF INTENT - RGP - STRAFFORD PS 602	Э	1.00	↔	1,500.00	↔	1,500.00	∽	500.00	↔	500.00	\$ (1,00	(1,000.00)	€	2,000.00	₩	2,000.00
670.172	FILE NOTICE OF INTENT - RGP - NORTHWOOD PS 604	n	1.00	↔	1,500.00	∽	1,500.00	∽	500.00	₩	500.00	\$ (1,000.00)	(00.00)	∨	2,000.00	↔	2,000.00
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	ALTERATIONS AND ADDITIONS AS NEEDED -																
	UNANTICIPATED																
1008.11	WORK	↔	10,000.00	\$	1.00	↔	\$ 10,000.00	\$	1.00	↔	\$ 10,000.00	↔	,	∽	0.0	↔	10,000.00
	Treatment or Disposal of Contaminated Groundwater																
1009.21	(FRAC TANK)	↔	30,000.00	∨	1.00	↔	30,000.00	₩	1.00	₩	30,000.00	\$		₩	1.00	↔	30,000.00
	REMOVAL/STORAGE	,						L						,			
1009.51	OF FUEL	∽	2,500.00	∽	1.00	∽	2,500.00		1.00	↔	2,500.00	∽	-	↔	9.	↔	2,500.00
1010.15	FUEL ADJUSTMENT	₩	5,000.00	↔	1.00	↔	2,000.00	↔.	1.00	↔	5,000.00	↔	,	∽	1.00	↔	5,000.00
						\$ 49	491,184.00			\$	\$ 561,100.00	\$ 69,916.00	9.00			\$	\$ 616,800.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/16/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

COTATIONAL HOLDER IN HOU OF CACH	chaorsomerita).		
PRODUCER,		CONTACT Yvette Fanaras	
Infantine Insurance		PHONE (A/C, No. Ext): (603) 669-0704 FAX (A/C, No): 603-66	9-6831
P. O. Box 5125		E-MAIL ADDRESS: yvette@infantine.com	
}		INSURER(S) AFFORDING COVERAGE	NAIC #
Manchester NF	H 03108	INSURER A: Firemen's Ins Co of Washington	21784
INSURED		INSURER B Acadia Insurance Co.	31325
		INSURER C:	
Stephens-Marquis Assoc	iates, Inc.	INSURER D:	
717 Daniel Webster Hig	hway	INSURER E :	
Merrimack NH	03054	INSURER F :	
COVERAGES	CEDTIFICATE NUMBED:2013/2014	Master DEVISION NUMBER	

SERTIFICATE NUMBER:24

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE \$ 1	,000,000
l	X COMMERCIAL GENERAL LIABILITY				1		DAMAGE TO RENTED PREMISES (Ea occurrence) \$	250,000
A	CLAIMS-MADE X OCCUR	x		CPA028598214	3/31/2013	3/31/2014	MED EXP (Any one person) \$	5,000
							PERSONAL & ADV INJURY \$ 1	,000,000
1		ľ				1	GENERAL AGGREGATE \$ 2	,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2	,000,000
<u></u>	POLICY X PRO- JECT X LOC							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1	,000,000
A	X ANY AUTO		Í				BODILY INJURY (Per person) \$	
	ALL OWNED SCHEDULED AUTOS		1	CAA028598414	3/31/2013	3/31/2014	BODILY INJURY (Per accident) \$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$	
							s	
	X UMBRELLA LIAB X OCCUR	-	·				EACH OCCURRENCE \$ 2	,000,000
в	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$ 2	,000,000
	DED RETENTION\$		k	CUA028598514	3/31/2013	3/31/2014	s	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X WC STATU- TORY LIMITS X OTH- ER	
ł	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				-	E.L. EACH ACCIDENT \$ 1,	,000,000
	(Mandatory in NH)		t	VPA028598814	3/31/2013	3/31/2014	E.L. DISEASE - EA EMPLOYEE \$ 1,	,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		2	States: NH, MA, VT, RI			E.L. DISEASE - POLICY LIMIT \$ 1,	000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Project: Construction of new vehicle fueling facility & removal of existing fueling facilities -

Northwood-Strafford #14567U

It is agreed and understood State of NH Department of Transportation is named as additional insured with respects to General Liability and when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
State of NH Department of Transporation 7 Hazen Drive	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Concord, NH 03302-0483	AUTHORIZED REPRESENTATIVE
	Jim Harrison/BYM James Hammen



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/14/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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PRODU	UCER"									
Inf	antine Insurance				PHSN	E No. Ext); (603	3) 669-0704	4 FAX	Σ. Να}:	
P. (O. Box 5125				E-MAI ADDR	L ESS: YVETTE	@infantir	ne.com		
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ı	Daniel Webster Highwa		_		INSUR	ER E :				
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INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
	ENERAL LIABILITY							EACH OCCURRENCE	\$	2,000,000
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A L	CLAIMS-MADE X OCCUR		ĺ	CLA5116519		8/13/2013	8/13/2014	MED EXP (Any one persor	n) \$	
X	Owners & Contractors	_	ĺ			1		PERSONAL & ADV INJUR	Y \$	
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(Ma	FICER/MEMBER EXCLUDED? andatory in NH)	N/A	ĺ		ı			E.L. DISEASE - EA EMPLO	YEE S	
If y	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIN		
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DESCRIP	TION OF OPERATIONS / LOCATIONS / VEHICLE: Construction of ne	CLES (A	ttach A	CORD 101, Additional Remarks	Schedule,	If more space is	required)	a fuelina feet	1444	
	wood-Strafford #14567U			e ruering rucrir	cy a r	emoval O	- existing	g IdeIIng Taci	lities .	_
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					SHOL	JLD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE	CANCELL	ED BEFORE
	State of NH Departmen	t of	Tr	ansportation	ACCC	RDANCE WIT	H THE POLICY	PROVISIONS	DE DEL	.IVERED IN
	7 Hazen Drive				AUTUON	JED BERRES	**************************************			
(Concord, NH 03302-04	83			AUTHOR	IZED REPRESEN	TATIVE			
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					Jim H	arrison/B	YM ·	Jam 1	January	
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